

FORM AL-T-1
STATE OF ALABAMA --- DEPARTMENT OF INSURANCE
APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY

INSTRUCTIONS:

1. This form is to be completed by an authorized representative of a Title Insurer.
2. Title Agents must reside or be domiciled in the State of Alabama.
2. If the Title Agent currently holds a Title Agent certificate of authority in this state, the Alabama license number should be shown. If the Title Agent is not currently licensed, the Department will assign a number upon filing. [Please leave this blank if the Title Agent is not licensed or the number is unknown.]
2. Filing of this application does not give authority to the Title Agent. This authority does not exist until all required items are filed and the Alabama Department of Insurance issues a certificate of authority to the Title Insurer for the Title Agent.
3. A check or money order in the amount of **\$50.00 for each Title Agent** must accompany this application. Please indicate the total fees in the area indicated below. The application will be returned without processing if not accompanied by the correct fee or fees. Make check or money order payable to "**Commissioner of Insurance, State of Alabama.**"
4. Please attach Form AL-T-2 to apply for a certificate of authority for additional Title Agents. Please note: Form AL-T-2 is the required format, but the use of this exact form is not required. You may include as many agents with this application as needed. Be sure to number the Title Agents sequentially on Form AL-T-2 and indicate the total fees included in the area indicated below.
6. **PLEASE TYPE OR PRINT CLEARLY.** Deliver this completed application to: Producer Licensing Division
PO Box 303351
Montgomery AL 36130-3351

PLEASE TYPE OR PRINT CLEARLY

SECTION I (TITLE INSURER INFORMATION)

NAME OF TITLE INSURER: _____

TITLE INSURER NAIC NO.: _____

SECTION II (TITLE AGENT INFORMATION) Additional agents can be included by attaching Form AL-T-2.

1. NAME OF TITLE AGENT: _____

2. ALA. TITLE AGENT LICENSE NO.: _____ (leave blank if not licensed or if number is unknown)

3. Mark ☒ legal status of a Title Agent: [NOTE: Must be an Alabama resident individual or Alabama-domiciled business entity.]

☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company

4. SOCIAL SECURITY NUMBER (if individual): _____ or FEDERAL EMPLOYER ID NUMBER (if business entity): _____

5. DATE OF BIRTH (if individual): _____ / _____ / _____ (leave blank if business entity)
Month Day Year

6. BUSINESS ADDRESS: _____
Street Address (no P.O. Box) City State Zip County Telephone No. e-mail address (if known)

7. MAILING ADDRESS: _____
(if different) P.O. Box or Street City State Zip Fax No. e-mail address (if known)

The above-named title insurer requests that the above-named title agent, along with any additional title agents appearing on the attached Form(s) AL-T-2, be issued a certificate of authority to act as a title insurance agent on behalf of this Title Insurer in accordance with Alabama Act No. 2001-496.

We are satisfied that the applicant(s) reside or are domiciled in the State of Alabama and otherwise meet the qualifications of a title insurance agent in this state. We desire that the applicant received a certificate of authority to act as our Title Agent in the State of Alabama.

Dated: _____

Number of Title Agent Applicants _____
Certificate of Authority fee x \$50.00
Total fees enclosed \$.00

(original signature of authorized company official)

(typed name of authorized company official)

(address)

(city/state/zip)

(telephone number)

(e-mail address)

DO NOT WRITE IN THIS SPACE

FORM AL-T-2
STATE OF ALABAMA --- DEPARTMENT OF INSURANCE
APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY
(Continued for additional agents)

TO BE ATTACHED TO FORM AL-T-1
SECTION I (TITLE INSURER INFORMATION)

PLEASE TYPE OR PRINT CLEARLY

NAME OF TITLE INSURER: _____

TITLE INSURER NAIC NO.: _____

SECTION II (TITLE AGENT INFORMATION)

☐ Applicant Number (Please sequentially number the Title Agent applicants filed with this application.)

1. NAME OF TITLE AGENT: _____

2. ALA. TITLE AGENT LICENSE NO.: _____ (leave blank if not licensed or if number is unknown)

3. Mark ☒ legal status of a Title Agent: [NOTE: Must be an Alabama resident individual or Alabama-domiciled business entity.]

☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company

4. SOCIAL SECURITY NUMBER (if individual): _____ or FEDERAL EMPLOYER ID NUMBER (if business entity): _____

5. DATE OF BIRTH (if individual): _____ / _____ / _____ (leave blank if business entity)
Month Day Year

6. BUSINESS ADDRESS: _____
Street Address (no P.O. Box) City State Zip County Telephone No. e-mail address (if known)

7. MAILING ADDRESS: _____
(if different) P.O. Box or Street City State Zip Fax No. e-mail address (if known)

☐ Applicant Number (Please sequentially number the applicant filed with this application.)

1. NAME OF TITLE AGENT: _____

2. ALA. TITLE AGENT LICENSE NO.: _____ (leave blank if not licensed or if number is unknown)

3. Mark ☒ legal status of a Title Agent: [NOTE: Must be an Alabama resident individual or Alabama-domiciled business entity.]

☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company

4. SOCIAL SECURITY NUMBER (if individual): _____ or FEDERAL EMPLOYER ID NUMBER (if business entity): _____

5. DATE OF BIRTH (if individual): _____ / _____ / _____ (leave blank if business entity)
Month Day Year

6. BUSINESS ADDRESS: _____
Street Address (no P.O. Box) City State Zip County Telephone No. e-mail address (if known)

7. MAILING ADDRESS: _____
(if different) P.O. Box or Street City State Zip Fax No. e-mail address (if known)

☐ Applicant Number (Please sequentially number the applicant filed with this application.)

1. NAME OF TITLE AGENT: _____

2. ALA. TITLE AGENT LICENSE NO.: _____ (leave blank if not licensed or if number is unknown)

3. Mark ☒ legal status of a Title Agent: [NOTE: Must be an Alabama resident individual or Alabama-domiciled business entity.]

☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company

4. SOCIAL SECURITY NUMBER (if individual): _____ or FEDERAL EMPLOYER ID NUMBER (if business entity): _____

5. DATE OF BIRTH (if individual): _____ / _____ / _____ (leave blank if business entity)
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6. BUSINESS ADDRESS: _____
Street Address (no P.O. Box) City State Zip County Telephone No. e-mail address (if known)

7. MAILING ADDRESS: _____
(if different) P.O. Box or Street City State Zip Fax No. e-mail address (if known)